PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | 110//575336 | | | | |
|----------------------------|--|---|---|---|---------------------|------|---|------------------------|----|---------------------|------------------------|
| | | CLAIMS A | (Column | | (Column 2) | | SMALL ENT | | OR | OTHER | THAN |
| U.S. NATIONAL STAGE FEES | | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 = | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20 = * | | | | X \$ 25 = | | OŘ | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | minus 3 = * | | | | X \$ 100 = | | OR | X \$ 200 = | |
| MUL | TIPLE DEPENI | DENT CLAIM PR | SENT | | | | + \$ 180 = | | OR | + \$ 360 = | |
| * If | the difference | in column 1 is | less than zero, | enter "0" i | n column 2 | | TOTAL | · | OR | TOTAL | 900 |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBEI PREVIOUS PAID FO | R PRESE SLY EXTR | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus ' | k* | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus ' | *** | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | , | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Column | | າ 3) | | | | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBEI PREVIOUS PAID FO | R PRESE | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus * | ·* | = | | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | - | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | | | | | | | | | | |
| * | If the entry in coli | ımn 1 is less than th | ne entry in column 2, aid For" IN THIS SPA | write "0" in c | olumn 3, | | | | | | |
| *** | If the "Highest No | mber Previously Pa | aid For" IN THIS SPA | CE is less th | nan '3', enter "3". | | the appropriate box | in column | 1. | | |